

Step 1: Basic Client Information

Please complete the following basic client information and note that all fields with an * are required fields. This information is used to close an open enrollment by performing the exit workflow.

Basic Client Information:*

First Name:* _____ Last Name:* _____
Middle Name: _____ Suffix: _____
Birthdate:* _____ Social Security Number:* _____

Step 2: Project Exit

Complete the project exit information and please note all fields with an * are required fields. Complete additional forms for each household member to be exited.

Exit Date:* _____

(ONLY REQUIRED FOR PATH PARTICIPANTS)

Date PATH Status Determined:* _____

Client became enrolled in PATH:*

☐ Yes ☐ No

If No, Reason Not Enrolled in PATH:

- ☐ Client was found ineligible for PATH
☐ Client was not enrolled for other reason(s)

Destination:*

- | | |
|--|--|
| <input type="checkbox"/> Emergency Shelter, including hotel or motel paid for with shelter voucher | <input type="checkbox"/> Hotel or Motel paid for without emergency shelter voucher |
| <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) | <input type="checkbox"/> Foster Care Home or Foster Care Group Home |
| <input type="checkbox"/> Permanent Supportive Housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab) | <input type="checkbox"/> Place not meant for habitation (e.g., vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) |
| <input type="checkbox"/> Psychiatric Hospital or Other Psychiatric Facility | <input type="checkbox"/> Other |
| <input type="checkbox"/> Substance Abuse Treatment or Detox Center | <input type="checkbox"/> Safe Haven |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Rental by client, VASH Subsidy |
| <input type="checkbox"/> Jail, Prison, Juvenile Detention Facility | <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy |
| <input type="checkbox"/> Long-term care facility or nursing home | <input type="checkbox"/> Residential project or halfway house with no homeless criteria |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH | <input type="checkbox"/> No exit interview completed |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH | <input type="checkbox"/> Rental by client, other (non-VASH) ongoing housing subsidy |
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy | <input type="checkbox"/> Owned by client, with ongoing housing subsidy |
| <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house) | <input type="checkbox"/> Staying or living with family, permanent tenure |
| <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment or house) | <input type="checkbox"/> Staying or living with friends, permanent tenure |
| | <input type="checkbox"/> Deceased |
| | <input type="checkbox"/> Don't Know |

Exit Reason:*

- | | |
|---|---|
| <input type="checkbox"/> Left for a housing opportunity before completing the program | <input type="checkbox"/> Needs could not be met by program |
| <input type="checkbox"/> Completed program | <input type="checkbox"/> Disagreement with rules/persons |
| <input type="checkbox"/> Non-payment of rent/occupancy charge | <input type="checkbox"/> Death |
| <input type="checkbox"/> Non-compliance with Program | <input type="checkbox"/> Other*
(Other Exit Reason_____) |
| <input type="checkbox"/> Criminal activity/destruction of property/violence | <input type="checkbox"/> Unknown/Disappeared |
| <input type="checkbox"/> Reached maximum time allowed by program | End Case Assignment: <input type="checkbox"/> |

(ONLY REQUIRED FOR ESG-RRH PARTICIPANTS)

In Permanent Housing:* ☐ Yes ☐ No

If Yes, Date of Move-In:* _____

Health Insurance:*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Type:*

- | | |
|--|--|
| <input type="checkbox"/> Private – Employer | <input type="checkbox"/> Veteran's Administration Medical Services |
| <input type="checkbox"/> Private – Individual | <input type="checkbox"/> Healthy Indiana Plan (HIP) |
| <input type="checkbox"/> Public HIV/AIDS Medical Assistance | <input type="checkbox"/> Native American Health Service |
| <input type="checkbox"/> AIDS Drug Assistance Program (ADAP) | <input type="checkbox"/> Other Public |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Medicaid | |

Status:*

- | | | |
|---|---|--|
| <input type="checkbox"/> Active | <input type="checkbox"/> No | |
| <input type="checkbox"/> Start Date:_____ | <input type="checkbox"/> Applied; decision pending | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> End Date:_____ | <input type="checkbox"/> Applied; client not eligible | <input type="checkbox"/> Client Refused |
| | <input type="checkbox"/> Client did not apply | <input type="checkbox"/> Data Not Collected |
| | <input type="checkbox"/> Insurance type N/A for this client | |

HMIS Barriers Assessment:*

<u>Barriers:*</u>	<u>Barrier Present?</u>	<u>Receiving Services/Treatment?</u>	<u>Condition Indefinite?</u>	<u>Documentation on File?</u>
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No

If client reports "Alcohol Abuse, Drug Abuse and/or Mental Health" as present barriers, complete the following:

How confirmed:

- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records

Serious Mental Illness (SMI):

- ☐ No
- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records
- ☐ Client Doesn't Know
- ☐ Client Refused

Financial Assessment:* Cash Income:* ☐ Yes ☐ No

- ☐ Earned Income \$ _____
- ☐ Self Employment \$ _____
- ☐ Unemployment Insurance \$ _____
- ☐ Worker's Compensation \$ _____
- ☐ Other Pension \$ _____
- ☐ Supplemental Security Income \$ _____
- ☐ Social Security Disability Income \$ _____
- ☐ Retirement (Social Security) \$ _____
- ☐ Veteran's Pension \$ _____
- ☐ VA Service-Connected Disability \$ _____
- ☐ VA NonService-Connected Disability \$ _____
- ☐ TANF \$ _____
- ☐ Child Support \$ _____
- ☐ Other Income \$ _____

Non Cash Benefits:* ☐ Yes ☐ No

- ☐ Food Stamps/Money for Food on Benefits Card \$ _____
- ☐ Special Supplemental Nutrition Program (WIC)
- ☐ TANF Child Care Services
- ☐ Other TANF Funded Services
- ☐ Section 8, Public Housing, Other Rental Asst. \$ _____
- ☐ Temporary Rental Assistance (RRH) \$ _____
- ☐ Other Source

Adult Education Assessment:*

Currently in School/Working on Degree:*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused

Received Vocational Training/Apprenticeship:*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused

Highest Grade Completed:*

- ☐ No School Completed ☐ 12 Grade, No Diploma
- ☐ Nursery School to 4th Grade ☐ High School Diploma
- ☐ 5th Grade or 6th Grade ☐ GED
- ☐ 7th Grade or 8th Grade ☐ Post-Secondary School
- ☐ 9th Grade ☐ Client Doesn't Know
- ☐ 10th Grade ☐ Client Refused
- ☐ 11th Grade

Secondary Education:*

- ☐ None
- ☐ Associates Degree
- ☐ Bachelors
- ☐ Masters
- ☐ Doctorate
- ☐ Other Graduate/Professional Degree
- ☐ Certificate of Advanced Training or Skilled Artisan
- ☐ Client Doesn't Know
- ☐ Client Refused

Housing Assessment at Exit:*

- ☐ Able to maintain the housing they had at project entry
- ☐ Moved to new housing unit
- ☐ Moved in with family/friends on a temporary basis
- ☐ Moved in with family/friends on a permanent basis
- ☐ Moved to a transitional or temporary housing facility or program
- ☐ Client became homeless – moving to a shelter or other place unfit for human habitation
- ☐ Client went to jail/prison
- ☐ Client died
- ☐ Client doesn't Know
- ☐ Client Refused ☐ Data Not Collected

Subsidy Information:*

- ☐ Without a subsidy
- ☐ With the subsidy they had a project entry
- ☐ With an on-going subsidy acquired since project entry
- ☐ Only with financial assistance other than subsidy

(ONLY REQUIRED FOR PATH PARTICIPANTS)

Date of Contact:* _____

Contact with: _____

Enrollment:* _____

Contact Service:*

- ☐ Assessments: PATH Screening/Assessment
- ☐ Prevention/Outreach: PATH – Outreach

Current Location:*

- ☐ Place Not Meant for Habitation
- ☐ Service Setting, Non-Residential
- ☐ Service Setting, Residential